



LEOMINSTER RECREATION DEPARTMENT
25 West Street
Leominster, MA 01453
978-534-7529

FINANCIAL AID/SCHOLARSHIP APPLICATION

(To be completed by Parent or Guardian)

Program you are applying for: _____ **Date Received:** _____

(Department's Registration form MUST be attached in order to process request.)

Applicant Name: _____

Participant's Name: _____

Address: _____ City: _____

Zip: _____ Phone: (day) _____ (evening) _____

E-mail: _____ @ _____

List all immediate family members in your household below. Immediate family members include only parents and children. This does NOT INCLUDE grandparents, grandchildren, cousins, aunts, and uncles, etc....

Number in family residing at above address: _____

Name	Birth Date	Age	Relationship	Name	Birth Date	Age	Relationship

Financial Information:

TOTAL HOUSEHOLD INCOME BEFORE DEDUCTIONS (includes wages of all working family members, welfare payments, pension, social security, scholarships, child support and any other income.)

You MUST include documentation for below claimed household income (Examples of proper documentation include: Annual Tax Return, W2 Form, DSS Form, Social Security or Unemployment Annual Statements.)

Please list ALL HOUSEHOLD INCOME, if any, from any of the following:

Source of Income	Monthly Income	Yearly Income	Source of Income	Monthly Income	Yearly Income
Your Employment	\$	\$	Workers Compensation	\$	\$
Other Family Employment	\$	\$	Social Security	\$	\$
Unemployment	\$	\$	Pension	\$	\$
TAFDC	\$	\$	Other (Explain source):	\$	\$
Child Support/Friend of the Courts	\$	\$	Total Income	\$	\$

Financial assistancel is funded through the City of Leominster/CDBG Program and the Department of Housing and Urban Development and through private donations.

Is your household:

Single Parent (Male)Household_____Single Parent (Female) Household_____Two Parent Household_____

List Total Numbers in your household that apply below:

ETHNICITY	#
White:	
Black African American:	
Asian:	
American Indian or Alaskan Native:	
Native Hawaiian/Alaskan Native:	
American Indian/Alaskan Native & White:	
Asian & White:	
Black/African American & White:	
Am. Indian/Alaskan Native & Black/African American:	
Other Multi-Racial:	
Asian/Pacific Islander:	
Hispanic:	

Reduced Fee Discount Table

Scholarships are figured on sliding scale as based upon the Standard Federal Income Guidelines. This has been modified from our original policy based on the increased number of families needing assistance. Thank you for your understanding of our new requirement and methods as we attempt to create a fair system for all persons to have equal access to our programs.

By signing below I give permission to authorize the City of Leominster Recreation Department to contact employers, social agencies, etc. to verify information on this application. I also understand that deliberate misrepresentation of information subjects the applicant to being disqualified for scholarship consideration.

I hereby certify that all of the above information is true and correct to the best of my knowledge and belief.

Applicant Signature: _____ **Date** _____

Name Printed: _____

ADDITIONAL INFORMATION TO HELP US EVALUATE YOUR REQUEST:[illegible]

Leominster Recreation Department Scholarship Information

What is a scholarship?

A scholarship is a reduced rate or fee assistance for Department Programs and activities based on a financial need. Program fees may be discounted by 40%, 50% or 60%. All participants' personal financial information is kept confidential. Class instructors and program leaders are not informed of participant's scholarship status.

Scholarships apply to most programs or activities with the following exceptions:

- ❖ Facility/Field Rental Fees
- ❖ Late Fees
- ❖ Extended Day Fees
- ❖ Adult Athletic Team/or Player Fees
- ❖ Program Fees of \$10.00 or Less

How to apply for reduced fees?

1. Complete the Leominster Recreation Department Scholarship Application Form.
2. Attach supportive documentation to substantiate annual income. **Staff cannot approve scholarship application without proper documentation.**
3. Attach program registration form.
4. Mail or drop off all information to:

Mailing: Leominster Recreation Department 25 West Street, City Hall Leominster, MA 01453	Drop-Off: Leominster Recreation Department 40 Barrett Parkway Leominster, MA 01453
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5. Applicants will be **notified by the third week in June** regarding their reduced fee status.
6. Classes or programs that are full or cancelled may not be available regardless of scholarship status.

The scholarship application will not hold a reservation for any class, activity or program with limited registration spots. The registration is not completed until after the scholarship is approved and the balance is paid in full. The scholarship application must be completed at least three business days before the deadline, in order to insure that the applicant may have a chance to pay the balance in full, which must be done before the deadline.

Who can receive a scholarship?

Scholarships are available to city of Leominster residents ONLY! Discounts are based on the number of immediate family members in the household and their combined income from all sources.

- Income is calculated on gross income (before deductions from taxes, insurance premiums, union dues, bonds, employee's social security taxes, and other employee deductions.) Income includes net income from self-employment, unemployment, social security, public assistance, alimony, child support payments, and regular contributions from people not living in the same household, monetary compensation for services such as wages, salary, and commission for fees and other cash income.
- The Leominster Recreation Department may consider both the income of the family during the previous calendar year and the family's current income to determine which is the better indicator or need for a scholarship.
- Scholarships may not be available for certain programs or those programs where the city may pay an independent contractor for services.
- Deadlines for scholarships may apply for certain programs.